MONTHLY REPORT FORM

4500

Name, Address City, County, ZIP:

Station Code:

Reported Date (Month Year):

Application:

5/26/2

American Energy Corporation 43521 Mayhugh Hill Road 601 April 2006

0IL00091*ED

BeallsvilleOH 43716

Sampling Station Description: Internal Monitoring Station

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ay	(80082) CBOD 5 day mg/l	(31616) Fecal Coliform #/100 ml	(01330) Odor, Severity Units	(01350) Turbidity, Severity Units	(00530) Total Suspended Solids mg/1	(00610) Nitrogen, Ammonia (NH3) mg/1
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I certify under the penalty of law that I have personally examined and am familiar with the information submitted and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Report Completed: Signature of Reporter: Title of Reporter:
05/23/2006 Melanie Murray Civil Engineer

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